

Patent
Docket No. 3073/69TO THE DIRECTOR OF PATENT AND TRADEMARK SERVICES
Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of under 37 CFR 1.53(b):

INVENTOR(S): Chang-Ming YANGTITLE: Sterilized Safety Syringe☐ This application is being filed without the declaration of the inventor(s). Inventor information is as follows:☐ This is a continuing application of prior Application No. / ☐ Continuation☐ Divisional☐ Continuation-in-part

Enclosed are:

☒ Specification☒ 33 Sheets of drawings (Figs. 1-45)☒ Oath or Declaration signed by the inventor(s)☒ Newly Executed☐ Copy of Oath or Declaration from a Prior Application☐ PLEASE DELETE the following inventor(s) named in the prior non-provisional application:☐ Certified copy of☐ Convention priority is claimed☐ English Translation Document☐ Application Data Sheet☒ Small entity status is claimed☐ Preliminary Amendment☐ Assignment Recordation

17354 U.S. PTO

10/621331



07/18/03



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The Filing Fee has been calculated as shown:

____ PLEASE ENTER PRELIMINARY AMENDMENT PRIOR TO CALCULATING FILING FEE

		(Small Entity)		(Large Entity)	
BASIC FEE		\$375		\$750	
Total Claims	58 - 20 =	x \$ 9 =	342	x \$ 18 =	
Indep. Claims	2 - 3 =	x \$ 42 =		x \$ 84 =	
Multiple Dependent Claims Presented		+ \$140 =		+ \$280 =	
TOTAL			\$717		

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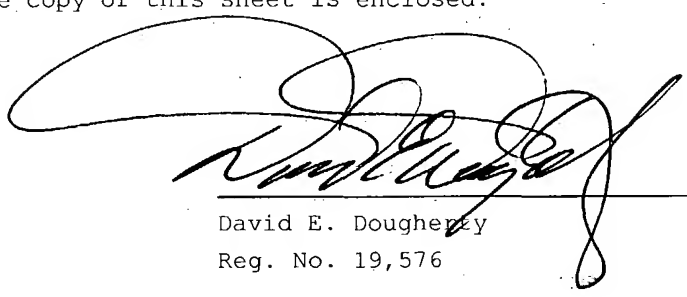
____ Filing Fee of \$ _____

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☒ A payment of \$ 717.00 is made by credit card for the Filing Fee. A Credit Card Payment Form (PTO-2038) is attached hereto. The Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR 1.16 or any patent application processing fees under 37 CFR 1.17, or credit any over payment to the credit card account shown on the attached Credit Card Payment Form. Refund of all amounts overpaid, including those of twenty-five dollars or less, is specifically requested. Any fees not accepted by the credit card shown on the Form PTO-2038 may be charged to Deposit Account 04-0753.

☒ The Commissioner is hereby authorized to charge payment of any additional claims fees required under 37 CFR \$1.16 or processing fees under 37 CFR \$1.17, or credit any overpayment, to Deposit Account 04-0753. A duplicate copy of this sheet is enclosed.

Date July 17, 2003


David E. Dougherty
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